

Central Sierra HOME SAFE
Rapid Re-Housing



Assessment Tool

Client Name _____

Case ID _____

I. THRESHOLD SCREENING CRITERIA

A. Income 30% or less of Area Median Income YES
(use Chart below)

Household size: _____

Total Household Income: _____ annual/ _____/ monthly

Size	Amador	Calaveras	Tuolumne	Size	Amador	Calaveras	Tuolumne
1-person household	\$15,200 (\$1267/mo.)	\$14,700 (\$1225/mo.)	\$13,300 (\$1108/mo.)	5-person household	\$23,450 (\$1954/mo.)	\$22,700 (\$1892/mo.)	\$20,500 (\$1708/mo.)
2-person household	\$17,400 (\$1450/mo.)	\$16,800 (\$1400/mo.)	\$15,200 (\$1267/mo.)	6-person household	\$25,200 (\$2100/mo.)	\$24,400 (\$2033/mo.)	\$22,000 (\$1833/mo.)
3-person household	\$19,550 (\$1629/mo.)	\$18,900 (\$1575/mo.)	\$17,100 (\$1425/mo.)	7-person household	\$26,950 (\$2246/mo.)	\$26,050 (\$2171/mo.)	\$23,500 (\$1958/mo.)
4-person household	\$21,700 (\$1808/mo.)	\$21,000 (\$1750/mo.)	\$18,950 (\$1579/mo.)	8-person household	\$28,650 (\$2388/mo.)	\$27,750 (\$2313/mo.)	\$25,050 (\$2088/mo.)

Please provide documentation of household income using the Central Sierra HOME SAFE checklist. Please use attached AMI for your county.

B. Trigger Crisis – may be current or within 30 days YES

See Page 2 for list.

C. No other resources or plans YES

This household would become homeless “**but for this assistance**”

If this assistance is not provided, the family will become literally homeless because they have no other resources or options available to them. Please be prepared to offer justification in the intake narrative.

D. Reasonable expectation of a sustainable Resolution YES

Please provide details of sustainability plan for the household in the intake narrative.

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Determination of Homelessness

Literally Homeless individual/family (See definition of Homeless) _____

Individual/family who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence, resources or support networks _____

Unaccompanied youth or family with children/youth who meet the homeless definition under another federal statute and 3 additional criteria. _____

Individual/family fleeing or attempting to flee domestic violence with no subsequent residence, resources or support networks. _____

Applicant Name _____ date _____

Project or agency name _____

Homeless person(s) are defined as: someone **who is living on the street or in an emergency shelter, or who was living on the street or in an emergency shelter prior to entering a short term institution or a transitional housing project.**

	An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation; living in a shelter designed to provide temporary living arrangements; exiting an institution (e.g., jail or hospital).
▶	Individual/family who will imminently lose their primary nighttime residence within 14 days AND have no subsequent residence identified AND lack the resources or support networks needed to obtain other permanent housing.
▶	Unaccompanied youth under 25 or families with children and youth who do not otherwise qualify as homeless but who: meet the homeless definition under another federal statute; AND have not had lease, ownership interest, or occupancy agreement in permanent housing at any time in the last 60 days; AND have experienced two or more moves during the last 60 days; AND can be expected to continue such status for an extended period of time because of: chronic disabilities, OR chronic physical health OR mental health conditional, OR substance addiction, OR histories of domestic violence or childhood abuse, OR two or more barriers to employment.
▶	Individual/family fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence.



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II. ELIGIBILITY SCORING SHEET

Points must total 25 or more, or the Assessment must include an over-ride with 2 signatures

A. Income (20 points)

Income 0 – 29% AMI 20 points _____ points

B. Trigger Crisis (5 points each)

Eviction from a private dwelling, including public/subsidized housing and/or housing provided by family or friends _____ points

Discharge from an institution in which the person has been a resident for more than 30 days, including prison, hospital, mental health institutions or foster care placements _____ points

Residency in a dwelling that has been condemned or “red-tagged” by officials and is no longer Intended for human habitation _____ points

Violence or abuse in the household: Family may be living in temporary housing but cannot remain there or return to previous situation _____ points

C. Risk Factors (5 points each)

Eviction History _____ points

Criminal History _____ points

Pregnant or at least one child under 13 years old _____ points

Head of household under 30 years of age _____ points

Experienced homelessness in the past 3 years _____ points

Only 1 adult in the household _____ points

Special Needs child or adult in the household _____ points

D. Are you a veteran? (5 points) _____ points

****A score of 25 points or higher is required to meet eligibility threshold UNLESS Agency sign-off is provided.**

TOTAL SCORE _____

____ I approve over-ride for this household (justification attached)

Case Worker: _____
Date: _____

Supervisor: _____
Date: _____

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Household Information

Staff & Agency Name:	Date:
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Caller: Referred From: *(Insert X below where appropriate)* (check one)

DV Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Behavioral Health	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>

Person Calling:	Phone #:	Email:
Address:	City:	Zip:

List all persons in household (adults and children)

NAME	M	F	AGE	DOB	RELATIONSHIP

Number of beds in home _____

Homeless	Yes	No	At Risk of Homelessness	Yes	No
<i>How did person become homeless?</i>					
Current rent amount	\$	Past due rent amount	\$	Deposit	\$
OR Current utility bill	\$	Past due utility bill	\$	Deposit	\$
Total income first tenant:	\$				
Total income second tenant:	\$				
Income level:	<50% Median	<input type="checkbox"/>	< 30% Median	<input type="checkbox"/>	Over 50% Median
Landlord name/Utility Co					

If agency is unable to service client, please explain (also complete denial form):

Eligible for Initial Consultation	YES	NO	Program	Homeless Prevention	<input type="checkbox"/>	Rapid Re-Housing	<input type="checkbox"/>
Appointment Scheduled for:							
Verified with Home Safe Committee <i>(no applications pending with other participating agencies)</i>						YES	NO

Notes:

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